



## ***STATUS CONFIRMATION OF CERTIFIED PUBLIC ACCOUNTANTS***

(You are advised to check with the Board before forwarding this form to determine if there are additional requests and/or fees charged before such information will be released.)

**Note to State Board(s): If you use your own form, it is necessary that all the questions indicated below are answered.**

\_\_\_\_\_ has received from the \_\_\_\_\_  
Name State Board

- ☐ AICPA CPA EXAMINATION GRADES  
☐ CERTIFICATE OBTAINED BY EXAMINATION ONLY  
☐ LICENSE TO PRACTICE

\_\_\_\_\_ ☐ is a one-tier state ☐ two-tier state  
State (Please check one)

I. Requirements at the time the ☐ certificate or ☐ license to practice was issued:

Bachelor's Degree \_\_\_\_\_.

\_\_\_\_\_ Examination prepared and graded by AICPA \_\_\_\_\_

Public accounting experience \_\_\_\_\_.

\_\_\_\_\_ Continuing professional education \_\_\_\_\_.

Fee \_\_\_\_\_.

Other \_\_\_\_\_

II. Certificate Number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expires \_\_\_\_\_

III. License to practice number \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expires \_\_\_\_\_

This licensee is currently licensed to: ☐ Practice Public Accounting

☐ Work In Industry

☐ Certificate/License is not in good standing\*

\*If certificate/license is not in good standing, please state reasons below:

\_\_\_\_\_

IV. If the licensee is not authorized to practice, please indicate the requirements to register, renew or reinstate.

☐ Pay the appropriate fee and/or post bond.

☐ Complete continuing professional education.

☐ Report acceptable public accounting experience.

Other (Please explain) \_\_\_\_\_

(OVER)

Indicate below all the grades earned as a result of the standard uniform CPA Examination as prepared and graded by the American Institute of CPA's. The grades assigned by the American Institute of CPAs were:

DATE	_____	_____	_____	_____	_____
I.D. NUMBER	_____	_____	_____	_____	_____
LPR (LAW)	_____	_____	_____	_____	_____
AUDITING	_____	_____	_____	_____	_____
ARE (PRACTICE)	_____	_____	_____	_____	_____
FARE (THEORY)	_____	_____	_____	_____	_____

Have AICPA grades been modified in any way? ☐ Yes \_\_\_\_\_ ☐ No

If yes, please explain \_\_\_\_\_

ETHICS EXAM: ☐ AICPA \_\_\_\_\_ ☐ BOARD Date graded \_\_\_\_\_ Score \_\_\_\_\_ %  
☐ Other, please explain \_\_\_\_\_

Has any disciplinary action been taken against this licensee? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If the license to practice public accountant is handled by a separate agency, please request that agency to complete the appropriate portion of this form or provide the requested information to us.

\_\_\_\_\_  
 \_\_\_\_\_ (Name of State Board)

By: \_\_\_\_\_

(Signature)

(SEAL)

(Title)

(Date)